PERSONALITY DISORDERS

NOMI PSYCHIATRY

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Course Objectives

- What are these things called personality disorders
- Why do I (or should I) care?
- Disorders vs. traits
- Relationship to AA/NAA
- Creating a memorable image

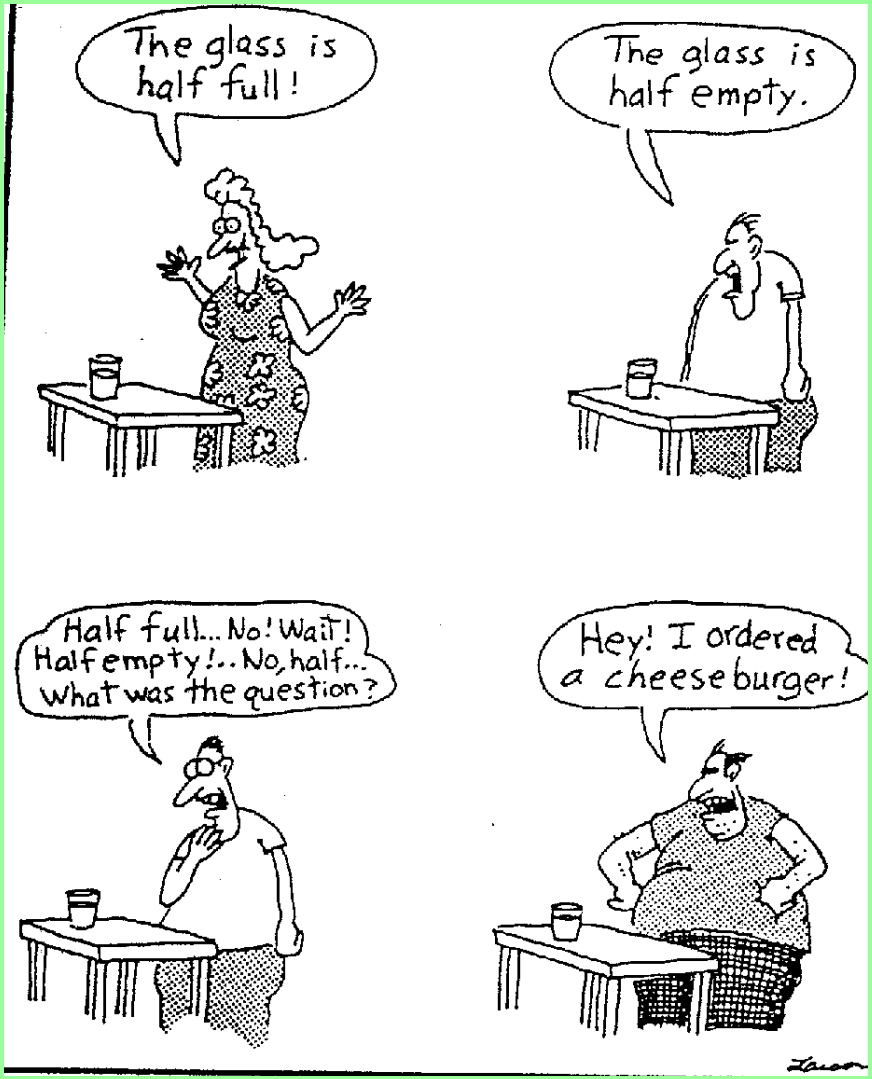
References

- Aviation Psychiatry Handout
- Kaplan and Sadock - Comprehensive Textbook of Psychiatry
- Disordered Personalities, David J. Robinson (permission to use pictures in this lecture - copyrighted material)
- LIFE
- EXPERIENCE
- INSIGHT

PERSONALITY :

A relatively stable and enduring set of characteristic behavioral and emotional traits

The Personality Types


The glass is half full!
The glass is half empty.
Half full... No! Wait! Half empty!.. No, half... What was the question?
Hey! I ordered a cheeseburger!

PERSONALITY DISORDE

☯ An enduring pattern of inner experience and behavior that ***deviates markedly*** from the expectations of the individual's culture,

⇔ is **pervasive** and **inflexible,**

☺ has an onset in adolescence or early adulthood,

is stable over time,

☹ and leads to distress or

PERSONALITY TRAITS

Prominent aspects of the personality exhibited in social and personal contacts

Personality Disorders in the Military

- 56-63% of all military psychiatric diagnoses
- four subtypes (antisocial, passive-aggressive, dependent, and borderline) make up 72% of all the PD discharges)
- PDs are handled administratively, not medically
- remember, in the civilian sector, most of the PDs we see never come to the attention of a mental health professional

Common Themes of Normality

- strength of character
- ability to learn from experience
- ability to work
- ability to achieve insight
- absence of symptoms/conflict
- ability to experience pleasure without conflict
- flexibility/ability to adjust
- ability to laugh
- ability to love another
- degree of acculturation

Personality traits do
not a disorder make

WE ***ALL*** HAVE THEM!

If we didn’t, life would be ***reall***
dull

Remember relationship to NAA

- If diagnosed with a PD = NAA
- If diagnosed with traits that are maladaptive to safety of flight, mission completion, or aircrew coordination = NAA
- It's *ALL* a matter of *degree* and *which* traits: e.g. To be a successful aviator you must have a degree of narcissism (healthy sense of self-confidence) and obsessive compulsive (attention to detail, conscientious)

The ego is the mediator between the id and the superego

Disordered Personalities, copyright

Ego Defense Development

- The id seeks expression of an impulse
- The superego prohibits the impulse from being expressed
- The conflict produces anxiety
- An ego defense is unconsciously recruited to decrease the anxiety
- A character trait or neurotic symptom is formed

Traits (and disorders) develop over time
based upon life experiences, genes, significant or repeated stressors, or psychotherapy.

This is a <u>dynamic</u> process

All of these can modify or alter a person's pattern of perceiving and relating to the world.

Therefore, don’t rely on a single, “slice-in-time” conclusion when considering traits

The most normal person can
look pretty disordered at times when stressed

Examples of Defenses

- Mature (healthy)
  - humor
  - suppression
  - anticipation
  - altruism
  - sublimation
- Neurotic (less healthy)
  - intellectualize
  - rationalization
  - repression
  - controlling
- Primitive/Immature (unhealthy)
  - denial
  - projection
  - splitting
  - distortion
  - blocking
  - acting out
  - regression
  - passive aggressive
  - somatization

Ego Defenses (cont.)

Personalities become disordered by the maladaptive use of ego defenses, both in terms of which defenses are used, and the extent to which they are used.

We have all used other than healthy defenses at times and exhibited some of the less than admirable traits.

An *understanding* of defensive mechanisms is essential for recognizing and treating Axis II Disorders.

"Understanding the defenses of another person allows us to empathize rather than condemn, to understand rather than dismiss." (Vaillant, 1992)

Countertransference

"the therapist's conscious and appropriate total emotional reaction to the patient."

(Kernberg 1965)

Use your emotional response to a patient as **data** to augment the interview and other information

The Three Groupings

- **DRAMATIC ERRATIC**
  - Borderline
  - Antisocial
  - Narcissistic
  - Histrionic

- **ANXIOUS/FEARFUL**
  - –Dependent
  - –Avoidant
  - –Obsessive Compulsive
  - –(Passive-Aggressive)

- ODD/ECCENTRIC
  - Schizoid
  - Schizotypal
  - Paranoid

DRAMATIC

ERRATIC

Borderline

- “border” between neurosis and psychosis
- primitive defenses
- Themes:
  - chaotic childhood
  - parental neglect/abuse
  - impulsivity
  - sexual abuse, early sexual activity, promiscuity
  - substance abuse/dependence
  - fears abandonment, maintains self-destructive relationships
  - failure to achieve potential/goals
  - frequent SI/gestures (burns, lacerations, etc...)

Think the Glenn Close role in ***Fatal Attrac***

and even a better portrayal is the original ***Play Misty For Me***

Personality Traits *that **will** be maladaptive in aviation (a generalization)*

- Borderline
- Paranoid
- Schizotypal

Histrionic PD

characterized by excessive emotional expression and attention-seeking behavior

overly seductive but with shallow emotion

likes “making an entrance” (think Scarlett O’Hara)

Histrionic Themes

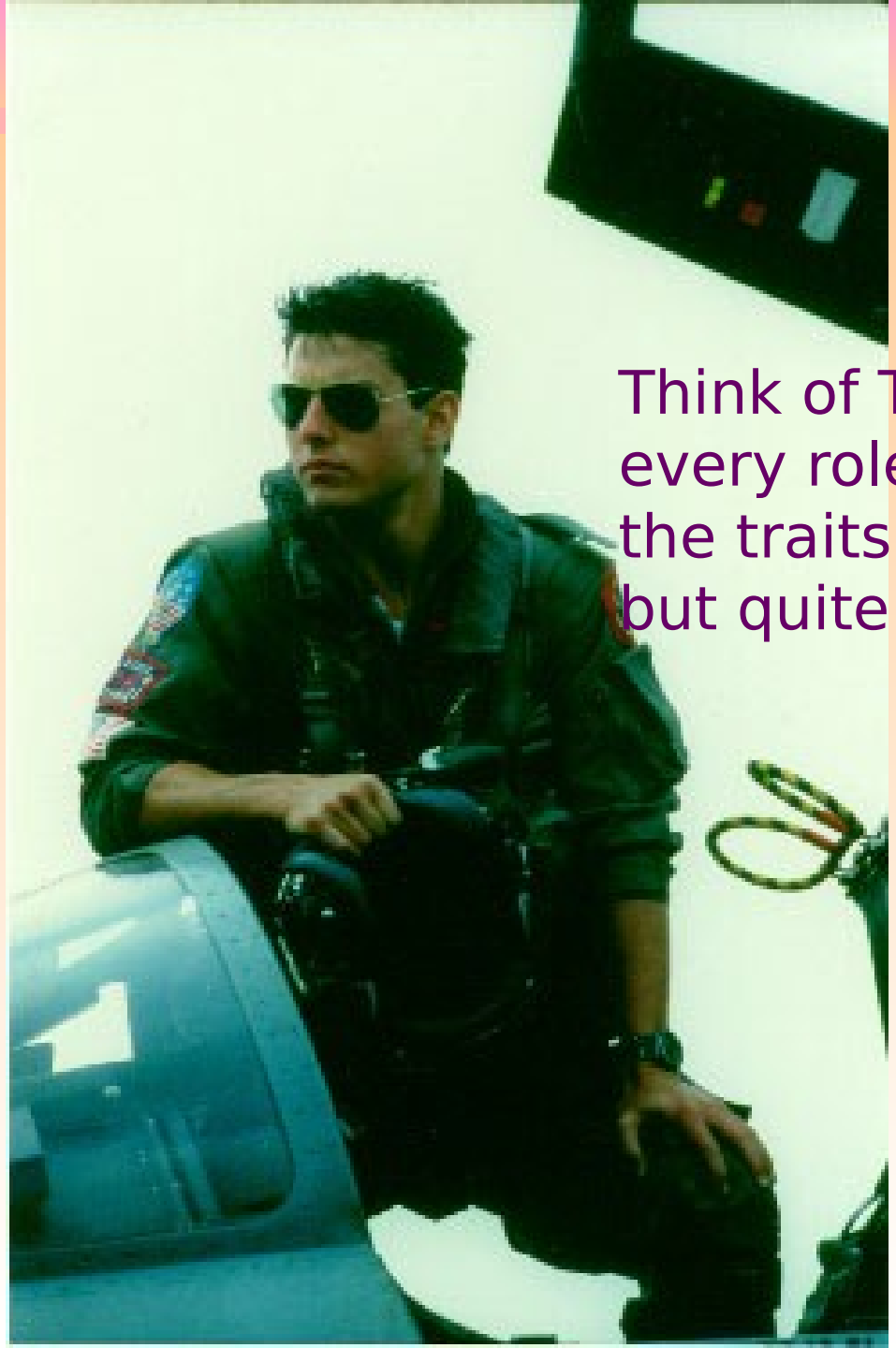
- emotional instability
- vanity/egocentricity
- suggestibility and dependence
- self-dramatization
- exhibitionism
- sexual provocativeness
- fear of sexuality
- overreaction and immaturity

Personality Traits *that may affect* ***SAFETY****/MISSION/****TEAMWORK***

- not a team player
- depending on degree of dependency may have difficulty making decisions without reassurance
- overdramitization may negatively affect acceptance by squadron

Narcissistic PD

- Narcissus - mythological figure who scorned the love of others-the goddess Nemesis answered one of the scornees' prayers, "May he who loves not others love himself". Narcissus fell in love with his reflection in a pool. Unable to leave it he pined away and died.
- characterized by grandiosity, lack of empathy, and a need for admiration



Think of Tom Cruise in almost every role he has ever played the traits are usually adaptive, but quite narcissistic

Narcissistic Themes

- condescending attitude
- dwells on observable assets
- hypersensitivity to criticism
- difficulty maintaining a sense of self-esteem
- many fantasies but few accomplish-ments
- readily blames others
- conspicuous lack of empathy
- highly self-referential

For your viewing pleasure and edification. . . . . .

Personality Traits *that may affect* ***SAFETY****/MISSION/****TEAMWORK***

- ***Narcissistic:***
  - **arrogance** - others may be hesitant to criticize or question a decision
  - **grandiosity** - may overestimate abilities in the cockpit
  - **believes is special** - expects to be seen as the best; not as player on a team (role of the wingman)
  - **projects blame** (doesn't learn from post-mission critique)

Antisocial PD

Oldest and best-validated of the PDs:
"Moral Insanity"

characterized by guiltless, exploitative, and irresponsible behavior with the hallmark being conscious deceit of others

Easy to interview: their "malignant grandiosity" allows easy rapport as long as you are willing to listen to their exploits (let 'em talk)

best evidence for heritability - "soft" neuro sign
-decreased 5HIAA/low cortical arousal

A classic female sociopath
(I use the term interchangeabl
with antisocial PD)

Da bad guys. . .

Antisocial Themes

- Glibness, shallow emotion
- requires constant stimulation
- criminal versatility
- parole/probation violations
- promiscuity
- juvenile delinquency
- social parasites
- grandiosity
- poor impulse control
- avoids responsibility for actions
- abuse of substances
- superior physical prowess
- behavioral problems as a child

Personality Traits *that may affect MISSION/**SAFETY/TEAMWORK***

- ***Antisocial***
  - may not follow rules (checklists?, flight minimums?)
  - deceitfulness (lie about preflight, filing, etc?)
  - impulsivity (do something dangerous or stupid for kicks)
  - substance use. . . .
  - reckless disregard for safety
  - irresponsible

ANXIOUS
FEARFUL

Dependent PD

Characterized by submissive behavior and excessive needs for emotional support

Happily remains the well-used doormat
(think Edith Bunker)

Particularly evident in borderline, avoidant,
and histrionic personalities as well as in

Dependent Themes

- Neediness
- rarely lives alone
- subordinate themselves
- at risk for abusive relationships, substance abuse, overmedication
- works below level of ability
- continually seeks advice
- volunteers for unpleasant tasks
- may have a “somatic orientation” by expressing concerns through physical complaints

Avoidant PD

Characterized by inhibition, introversion, and anxiety in social situations.

Considerable overlap with Dependent Personality Disorder

Was previously described as “inadequate” personality disorder.

Avoidant Themes

- feelings of being defective
- low tolerance for dysphoria
- self-criticism
- exaggeration of risks
- abrupt topic changes away from personal matters
- shyness
- fear of rejection
- hypersensitivity to criticism
- “love at a distance.”

Personality Traits *that may affect MISSION/**SAFETY/TEAMWORK***

- **Dependent**
  - trouble making decisions without reassurance
  - won't disagree with others
  - lacks self-confidence (not good in an aviator who needs "healthy" narcissism)
- **Avoidant**
  - won't speak up as fears criticism (would hesitate to challenge MC or if flying with senior ranking person)
  - also lacks self-confidence in abilities

O-C PD

Hallmarks of the obsessive-compulsive personality disorder are rigidity, perfectionism, orderliness, indecisiveness, interpersonal control, and emotional constriction

They can be VERY difficult to interview as they present info in a very pedantic and circumstantial manner

Rapport can be very difficult to establish because any empathy demonstrated means that they have not solved their problem.

O-C PD Themes

- emotional constriction
- indecisiveness
- fixated with details
- misses “the forest for the trees”
- cerebral rigidity and inflexibility
- hoard money, objects, etc...
- few leisure activities; can’t relax
- humorless; lack of spontaneity

Watch Anthony Hopkins in ***Remains of the Day*** for the quintessential portrayal

Personality Traits *that may affect MISSION/SAFETY/TEAMWORK*

- ***Obsessive-Compulsive***:
  - overly preoccupied with lists/details/order to point of not being able to see big picture (can't continue scan during checklist)
  - perfectionism to point of inability to make a decision (always weighing choices) - in an emergency must make many decisions - ***FAST***
  - reluctant to delegate tasks to others - a must in aviation
  - rigid,stubborn, and moralistic - qualities may carry over into the cockpit

(Passive-Aggressive PD)

- Rarely diagnosed in the general population
- One of the most common diagnoses in the military although may not lead to administrative separation like the other common PDs
- Projection is the common defense - attribute to others the emotion they feel - inevitably leave the recipient feeling frustrated/angry and not knowing why

Passive-Aggressive Themes

- procrastination
- indecisiveness
- constant victimization
- forgetting “accidentally on purpose”
- obstructiveness
- continual conflict with authority
- says “yes” but acts “no”
- “Yes, but. . . . . .”

If someone ***really*** ticks you off and you can't quite figure out why - it's a P/A person gettin the better of you

Personality Traits *that may affect MISSION/SAFETY/**TEAMWORK***

- **Passive-Aggressive**:
  - resists functioning at expected level (minor deficiencies may be deadly in aviation)
  - projects blame (does not learn from his/her experience or that of others)
  - usually lacking in healthy compulsive traits (may procrastinate on checklists and do poor flight prep)
  - never a good team player

ODD ECCENTRIC

Schizotypal PD

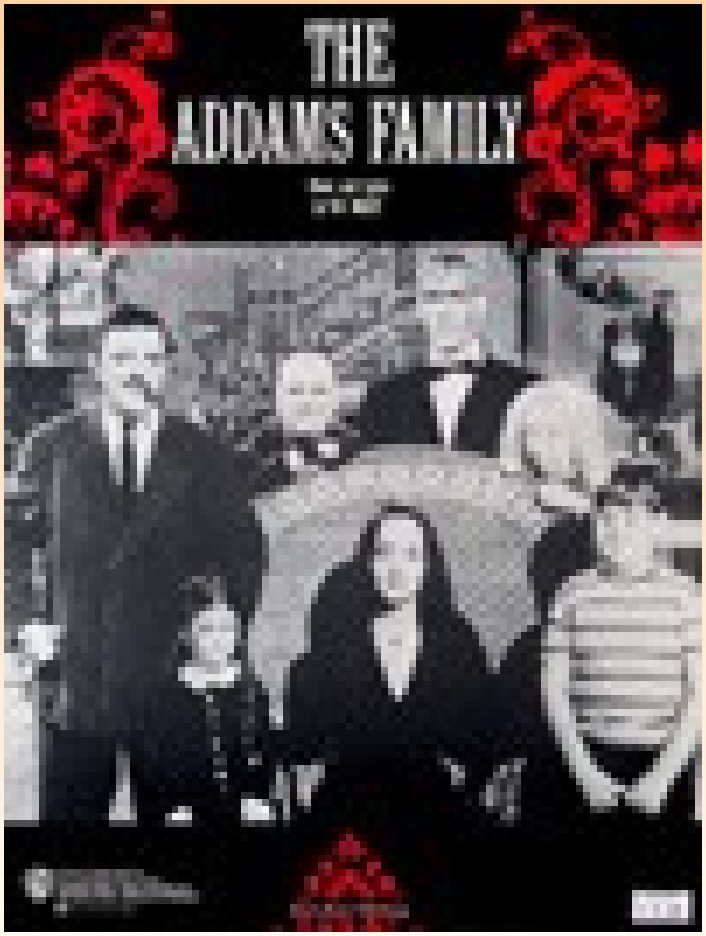
Often seem very unusual in interviews. When a nonjudgmental approach toward their irrational thinking is accomplished with empathy, a connection and rapport can be established

Think of the **positive** signs of schizophrenia

Actively weird

Share some biological and physiological findings with schizophrenics (EPs, high VBR, CSF HVA, SPEM)

genetic loading and nurture (parents who are ***too "something")***


THE
ADDAMS FAMILY

Schizotypal Themes

- clairvoyance
- ideas of reference
- suspiciousness
- emotional reasoning
- premonitions
- alternative/fringe interests
- existential concerns
- magical thinking

The Schizoid

Characterized by detachment form others, a restricted range of emotional expression, and a lack of interest in activities

Relate to the **negative** symptoms of schizophrenia

"I have no need for other people" (a quote from a schizoid patient)

The Schizoid Theme

- prefers to do things alone
- Why bother? Who cares?
- withdrawn/reclusive
- works below potential
- observers, not participants
- lacks interests and hobbies
- deficient motivation
- goes “through the motions”
- may show creativity
- aloof, distant, cold
- humorless
- constricted emotions
- no desire for relationships

The Paranoid PD

Characterized by unwarranted suspiciousness and a tendency to misinterpret the actions of others as threatening, or deliberately harmful.

Easy to recognize in an interview: hypervigilence, anger, hostility, and vindictiveness become obvious early.

Watch the Humphrey Bogart character in ***The Caine Mutin*** for the perfect paranoid PD

Paranoid Themes

- externalize blame for difficulties-see themselves as continual target of abuse
- repeated difficulty with authority figures
- over-estimate minor events (makes mountains out of molehills)
- search intensely to confirm suspicions to the exclusion of more reasonable answers
- cannot relax; display little to no sense of humor

Paranoid Themes (cont.)

- project envy or even pathological jealousy
- critical of those who they see as weaker, needy, or defective
- difficulty exuding warmth or talking about their insecurities
- cannot trust others
- all motives are questioned